



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission **27**

Application Number	10/536,885
Filing Date	May 31, 2005
First Named Inventor	Ebrahim Firoozabady
Group Art Unit	6613
Examiner Name	Russell Kallis
Attorney Docket Number	63-000600US

ENCLOSURES (check all that apply)

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> PTO-1449 Form | <input type="checkbox"/> Interview Summary |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Cited References | <input checked="" type="checkbox"/> Notice of Appeal |
| <input checked="" type="checkbox"/> Amendment / Response | <input type="checkbox"/> Copy of PCT Search Report | <input checked="" type="checkbox"/> Declaration of Ebrahim Firoozabady |
| <input checked="" type="checkbox"/> Amendment and Request for Reconsideration | <input type="checkbox"/> Copy of EP Search Report | <input checked="" type="checkbox"/> Appendix A |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | <input checked="" type="checkbox"/> CV of Ebrahim Firoozabady |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Additional Enclosure(s) (please identify below): |
| <input checked="" type="checkbox"/> Receipt Acknowledgement Postcard | <input type="checkbox"/> Terminal Disclaimer | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Small Entity Statement | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | Authorization to Charge Deposit Account
Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed. | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | Remarks | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name

Paul Littlepage, Reg. No. 48,581, Quine Intellectual Property Law Group, P.C.

Signature

Date

April 6, 2009

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name Deborah Barragan

Signature

Date

April 6, 2009

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2009

☐ Applicant claims small entity status. See 37 CFR 1.27
TOTAL AMOUNT OF PAYMENT (\$)**670.00**

Complete if Known

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METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☒ Other (please identify): **Deposit Account**
☒ Deposit Account Deposit Account Number: **50-0893** Deposit Account Name: **Quine Intellectual Property Law Group, P.C.**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)
 Each independent claim over 3 (including Reissues)
 Multiple dependent claims

Fee (\$)	Small Entity Fee (\$)
52	26
220	110
390	195

Total Claims Extra Claims Fee (\$)
 - 20 or HP = $\frac{\text{Extra Claims}}{20 \text{ or HP}} \times \text{Fee ($)} = \text{Fee Paid ($)}$

HP = highest number of total claims paid for, if greater than 20.
 Indep. Claims Extra Claims Fee (\$)
 - 3 or HP = $\frac{\text{Extra Claims}}{3 \text{ or HP}} \times \text{Fee ($)} = \text{Fee Paid ($)}$

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims
 Fee (\$)
 Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)
 - 100 = $\frac{\text{Extra Sheets}}{50} \times \text{Fee ($)} = \text{Fee Paid ($)}$

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Other: Request for Extension of Time for 1 Month.

130.00

Other: Submission of Notice of Appeal

540.00

Other:

Other:

Other:

SUBMITTED BY

Signature

Name (Print/Type)

Registration No.
(Attorney/Agent)

48,581

Telephone

Date April 6, 2009

Paul L. Ruepage